

Name
in
Full

Emile Bazin -

CERTIFICATE OF DEATH

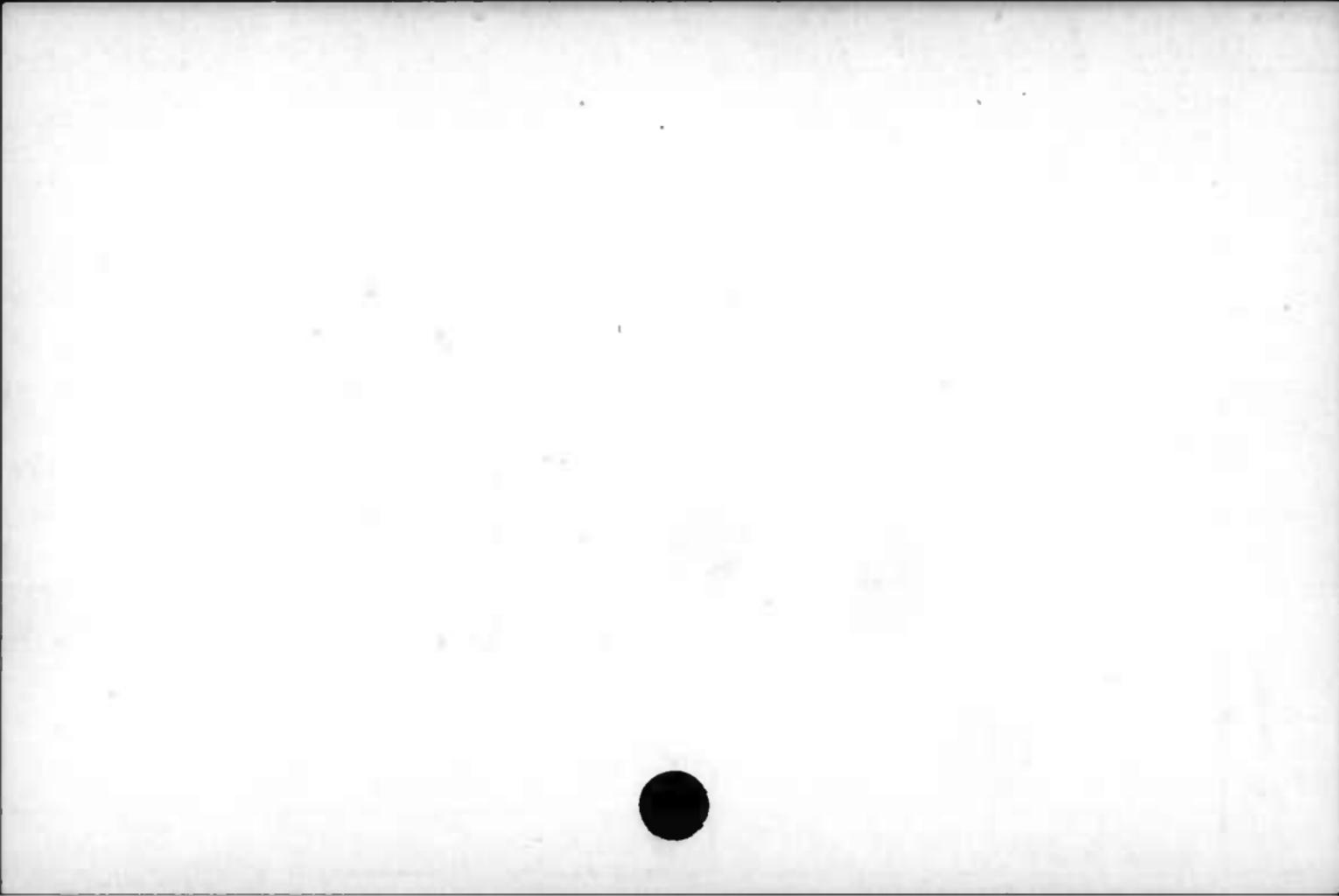
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Mar.	Day 17	Years 78	Months 9	Days 25	
Sex	Male	Color or Race	Caucasian		Birth-place	Paris, France	
Occupation	Upholsterer.		Where Residing if not at place of death		Ridgely, Md.		
Married, Single or Widowed	Married.	Name of Wife or Husband	Caroline Fox Bazin				
Father's Name	Peter Bazin,				Father's Birthplace	France	
Mother's Maiden Name	Rosalie Ravin-				Mother's Birthplace	France	
Name of person giving information	Leona A. Bazin -				How related to deceased	Son -	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility -		154	How long	Six months.
Immediate	Exhaustion			How long	one week -
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. S. Stoe, Ridgely Md -		
		Address			
Accident or Suicide?					



Name
in
Full

Elli Gerty Boston

CERTIFICATE OF DEATH

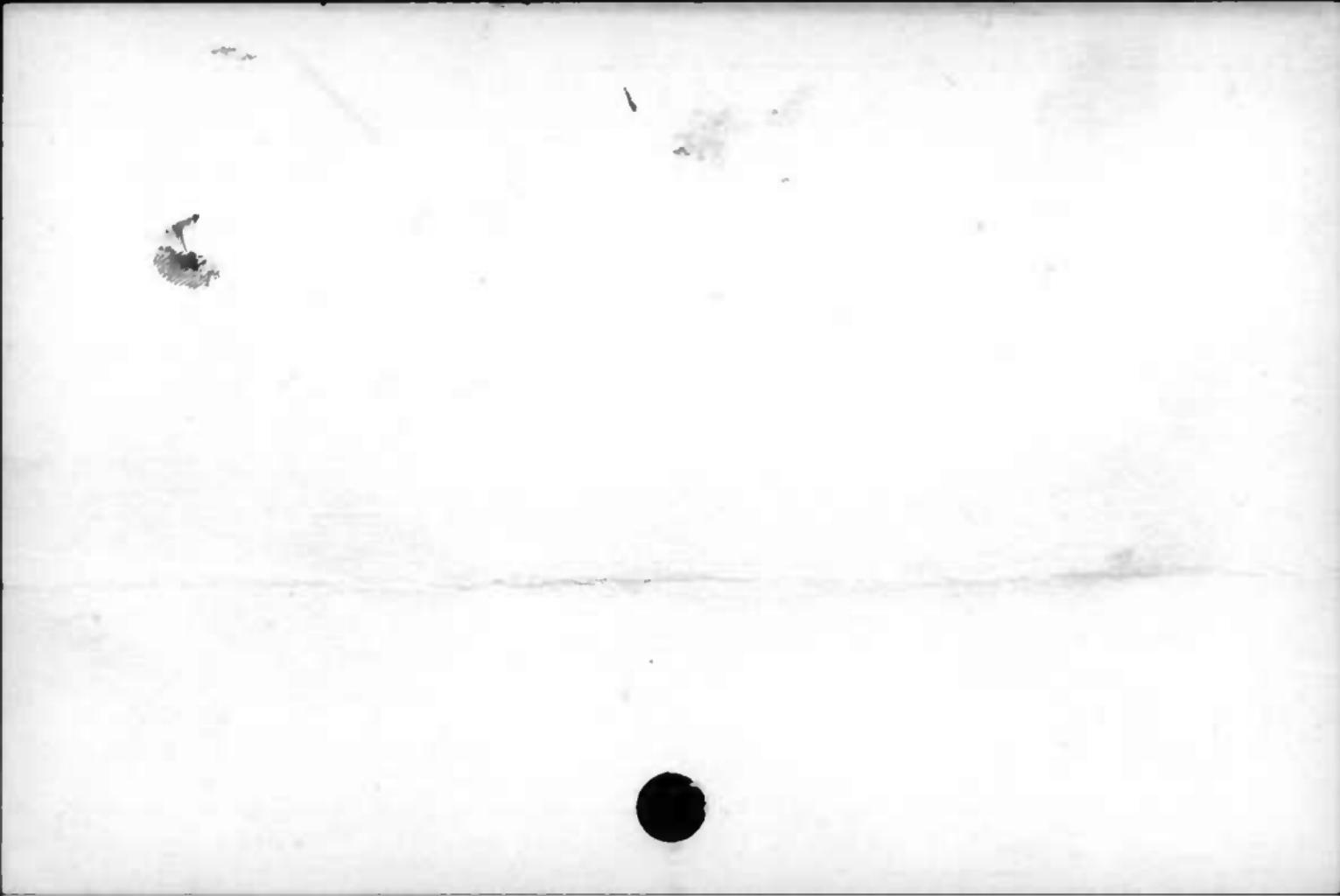
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Andersontown</u>		Count <u>Caroline</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>March</u>	Day <u>16</u>	Age <u>8</u>	Months <u>10</u>	Days <u>22</u>	
Sex <u>Female</u>	Color or Race <u>black</u>			Birth-place <u>/ mol.</u>		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Ella Martin Boston</u>			Father's Birthplace	<u>Md.</u>	
Mother's Maiden Name	<u>Frances May James Boston</u>			Mother's Birthplace	<u>Md.</u>	
Name of person giving information	<u>Ella M. Boston</u>			How related to deceased	<u>Daughter</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORoner

Primary	<u>not known</u>	How long <u>few days</u>
Immediate	<u>Exhaustion</u>	How long <u>179</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address <u>East Ward</u>
Accident or Suicide?		<u>Andersontown</u>



Name
in
Full

Ruth Cephus -

CERTIFICATE OF DEATH

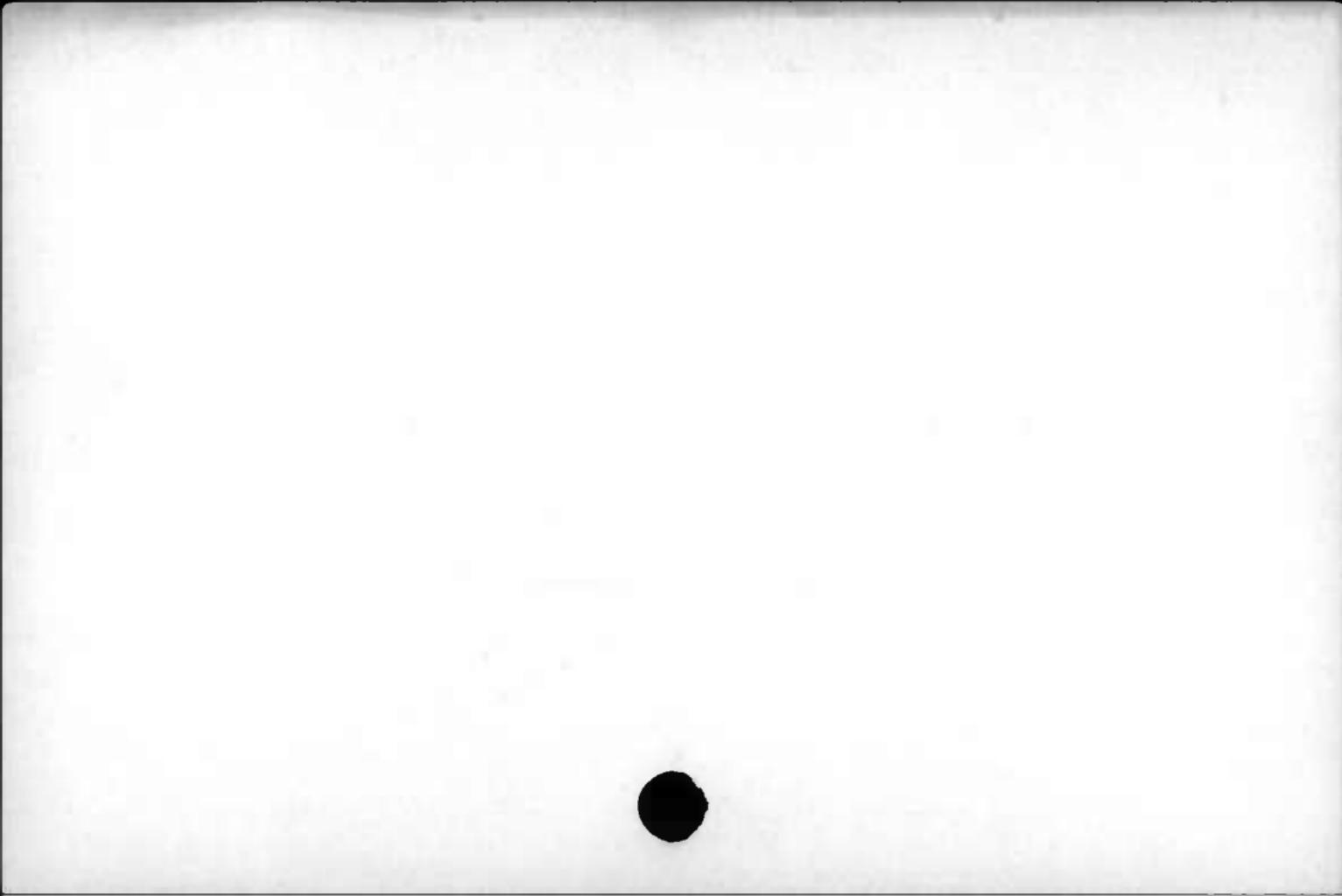
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm Cephus -		Father's Birthplace	Md -	
Mother's Maiden Name	Elma Pritchett -		Mother's Birthplace	Md -	
Name of person giving information	Wm Cephus		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grippe	10	How long	2 weeks
Immediate	Exhaustion		How long	-
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	J. S. Stour
			Address	Ridgely, Md
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	1907	Month 7	Day 21	Years 87	Months Days
Sex	female	Color or Race	white	Birth-place	md
Occupation	house	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	unknown	Father's Birthplace	unknown
Father's Name	unknown	Mother's Birthplace			
Mother's Maiden Name	unknown	How related to deceased			
Name of person giving Information	Tom Cox	Son			

CAUSES OF DEATH

Primary

Paralysis

66

How long

28 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

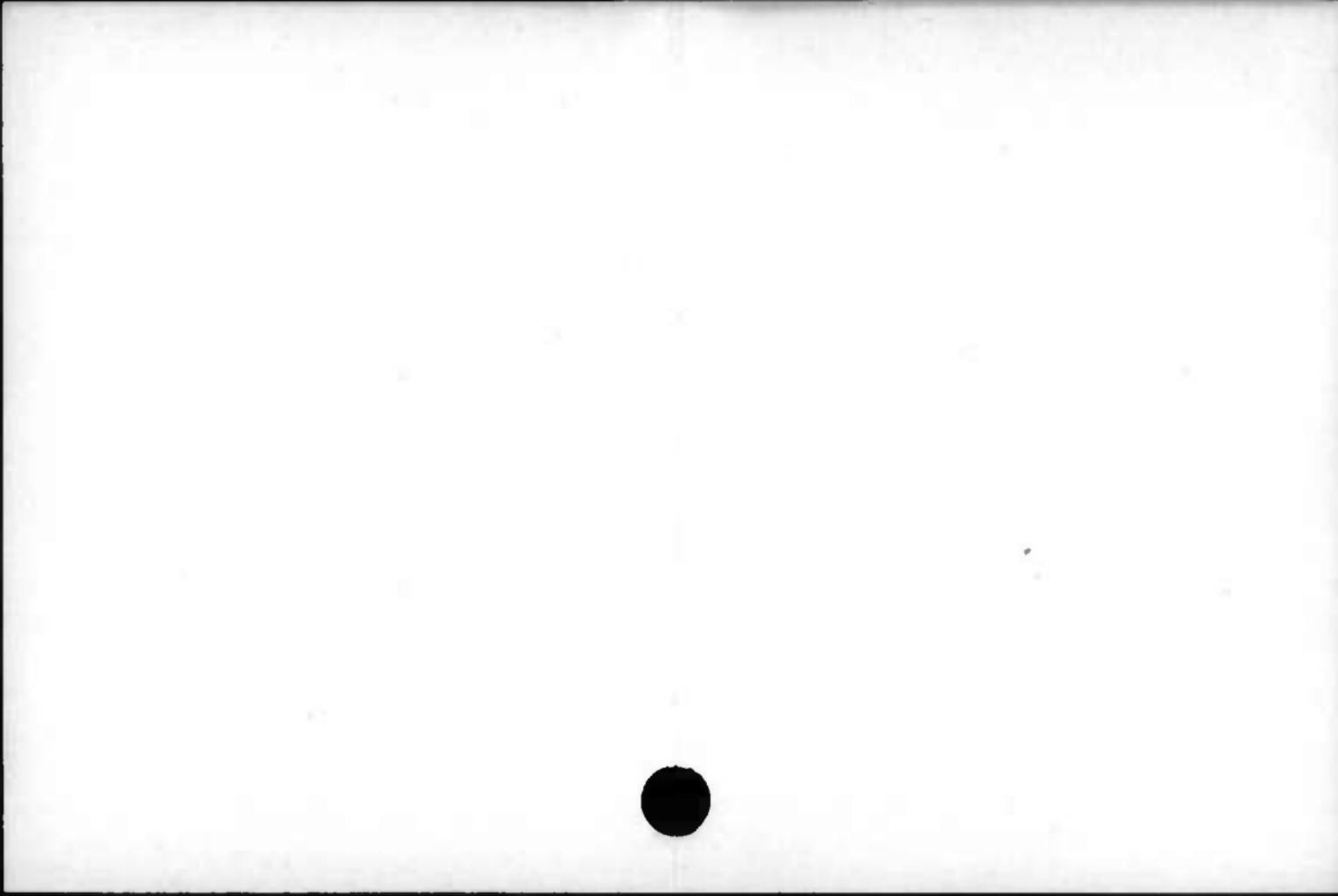
Signature of Physician

Address

G F Galloway
Federalsburg
md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Caroline R Giffen

CERTIFICATE OF DEATH

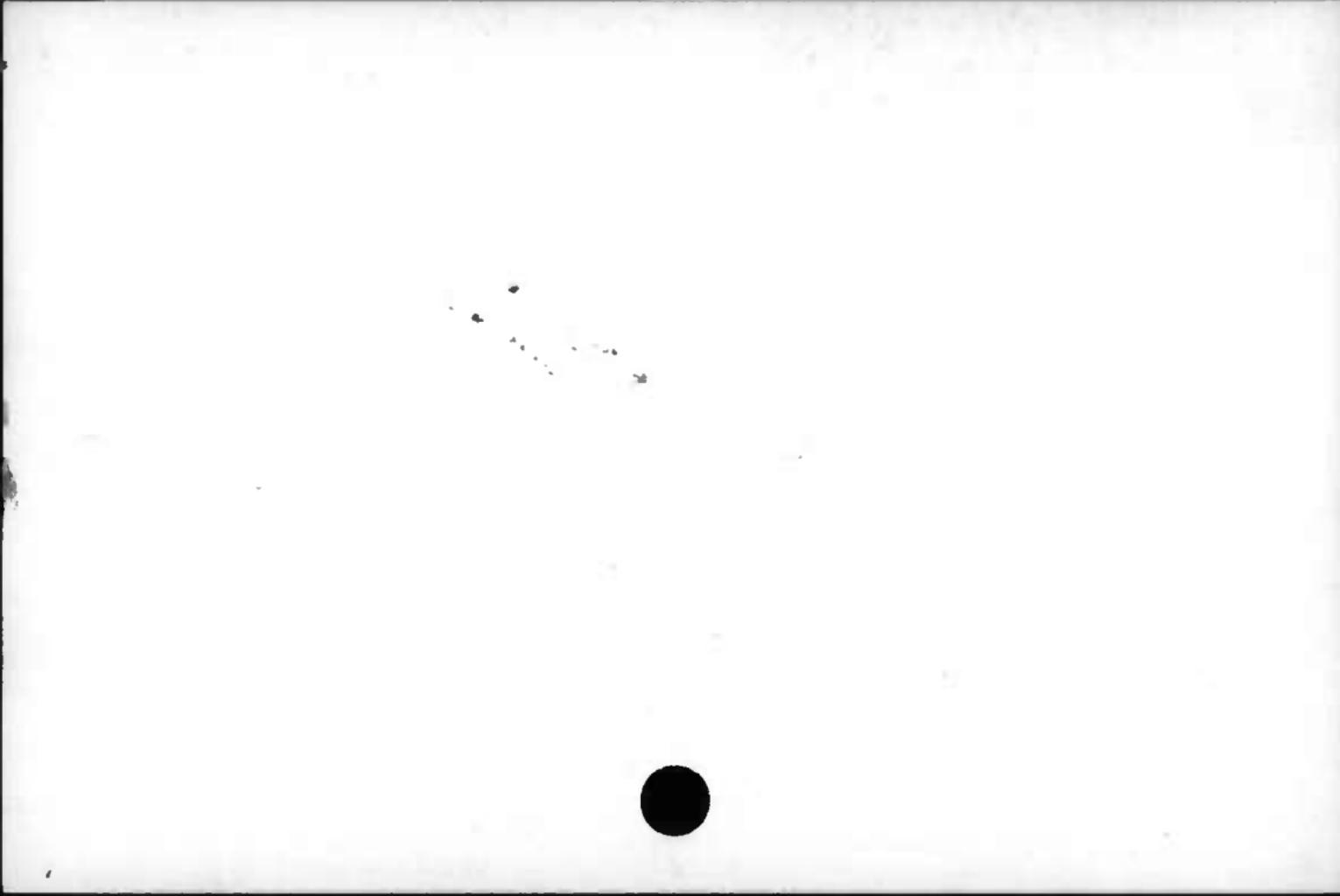
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Concord		Town	Caroline		County	MARYLAND					
Date of death	1907	Month	3	Day	3	Years	76	Months	6	Days	25	
Sex	Female		Color or Race	White		Birthplace	Maryland					
Occupation	Housewife		Where Residing if not at place of death			Alvarez Giffen						
Married, Single or Widowed	Married		Name of Wife or Husband	Alvarez Giffen			Father's Name	Peter Johnson			Father's Birthplace	Maryland
Mother's Maiden Name	Mahala Johnson		Mother's Birthplace			Mahala Johnson		Son			in	
Name of person giving Information	Mr Giffen		How related to deceased			Mr Giffen		Son			in	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility		154	How long	Same as	
Immediate	Ex Haemorrhage			How long	Two weeks	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	George F. Gallonay		
			Address	Federal Bldg		
Accident or Suicide?	-			Free		



Name
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To BE ANSWERED BY
NEAREST FRIEND

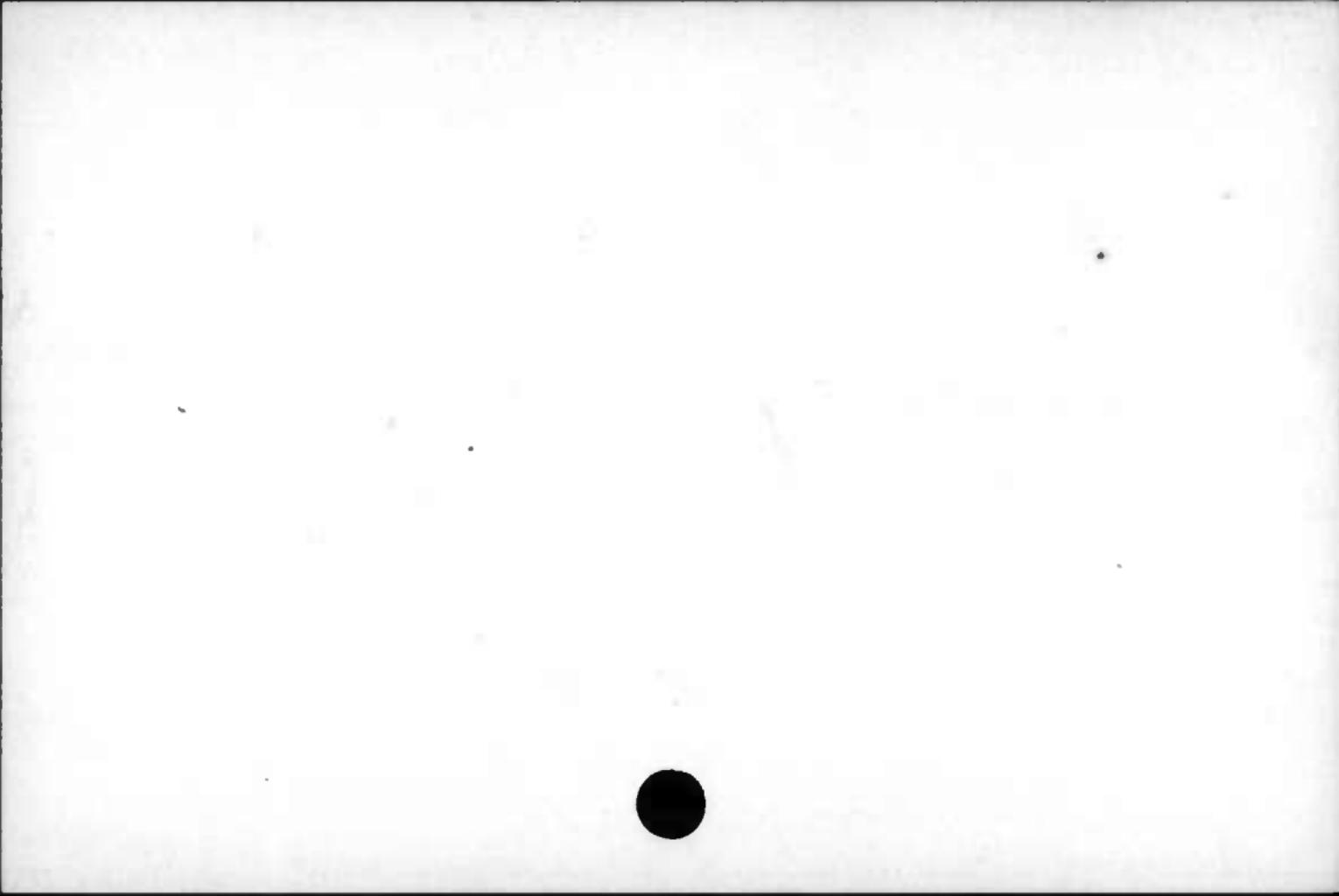
Hallie Melvin Hubbard

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND						
Date of death	1907	Month	March	Day	13	Years	8	Months	4	Days	13
Sex	Female	Color or Race	Black		Birth-place	Maryland					
Occupation	—		Where Residing if not at place of death		—						
Married, Single or Widowed	—		Name of Wife or Husband		—						
Father's Name	Harrison Hubbard		—		Father's Birthplace	Maryland					
Mother's Maiden Name	Mary Hubbard		—		Mother's Birthplace	Maryland					
Name of person giving Information	Harrison Hubbard		—		How related to deceased	Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Bronchitis	90	How long
	Immediate	Papillary Bronchitis	3 days	How long
Are the name, age, sex, color, date and place correctly given above?		Yrs	Signature of Physician	J. L. Hoble
			Address	Preston Md.
Accident or Suicide?		—		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>new Bristow</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>28</u>	Age <u>70</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>me.</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Anna Elizabeth Andrews</u>	Father's Birthplace <u>Superior Del.</u>				
Father's Name <u>Robert Mitchell</u>	Mother's Maiden Name <u>Mary Elizabeth</u>	Mother's Birthplace <u>Superior Del</u>				
Name of person giving information <u>Caroline Mitchell</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Coronal hypertension

64

How long

1 yr.

Immediate

Heart failure

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician
J. S.

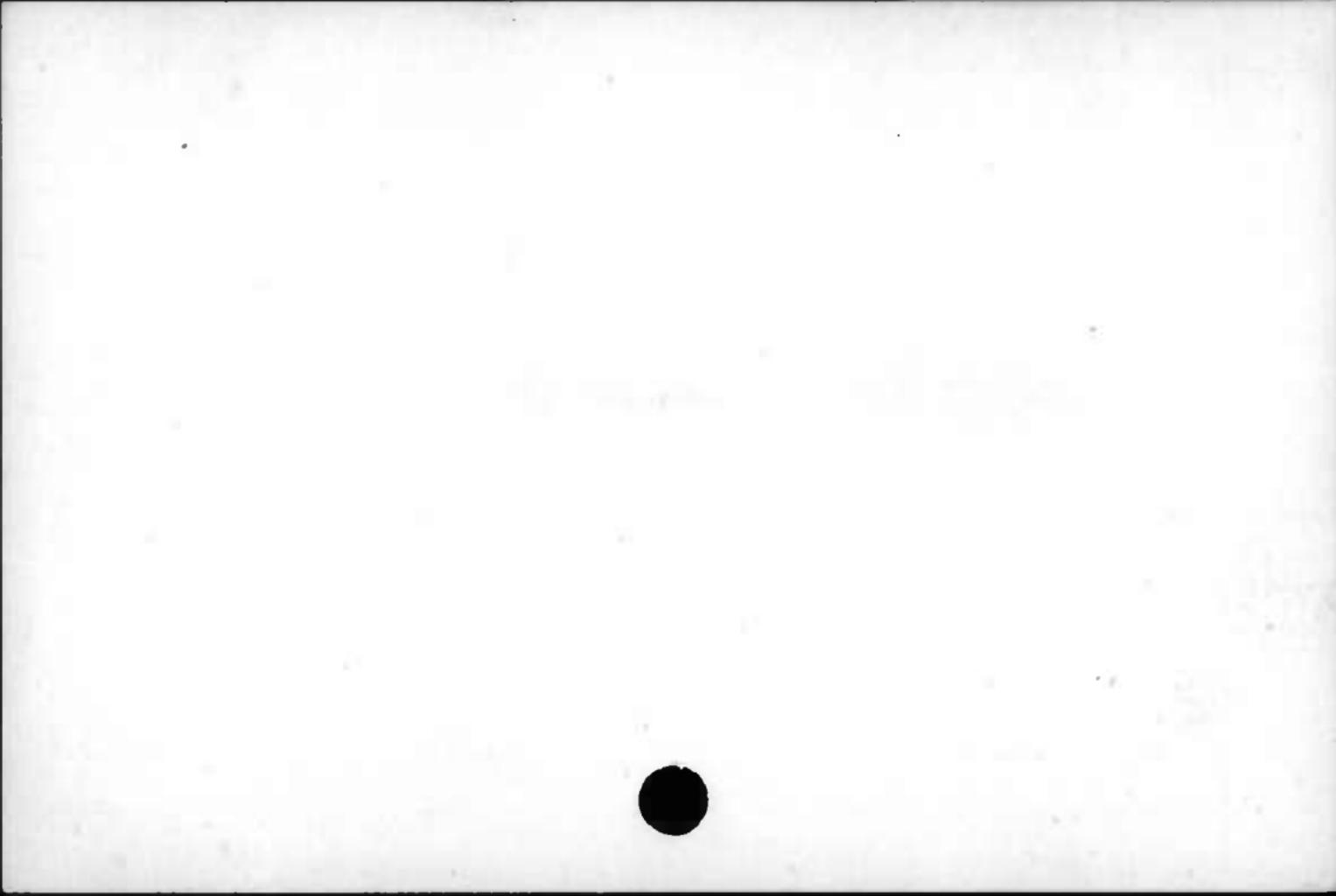
Address

H. B. Root, M.D.

Hobson,

Md.

Accident or Suicide?



Name
in
Full

James Edward Newcomb

CERTIFICATE OF DEATH

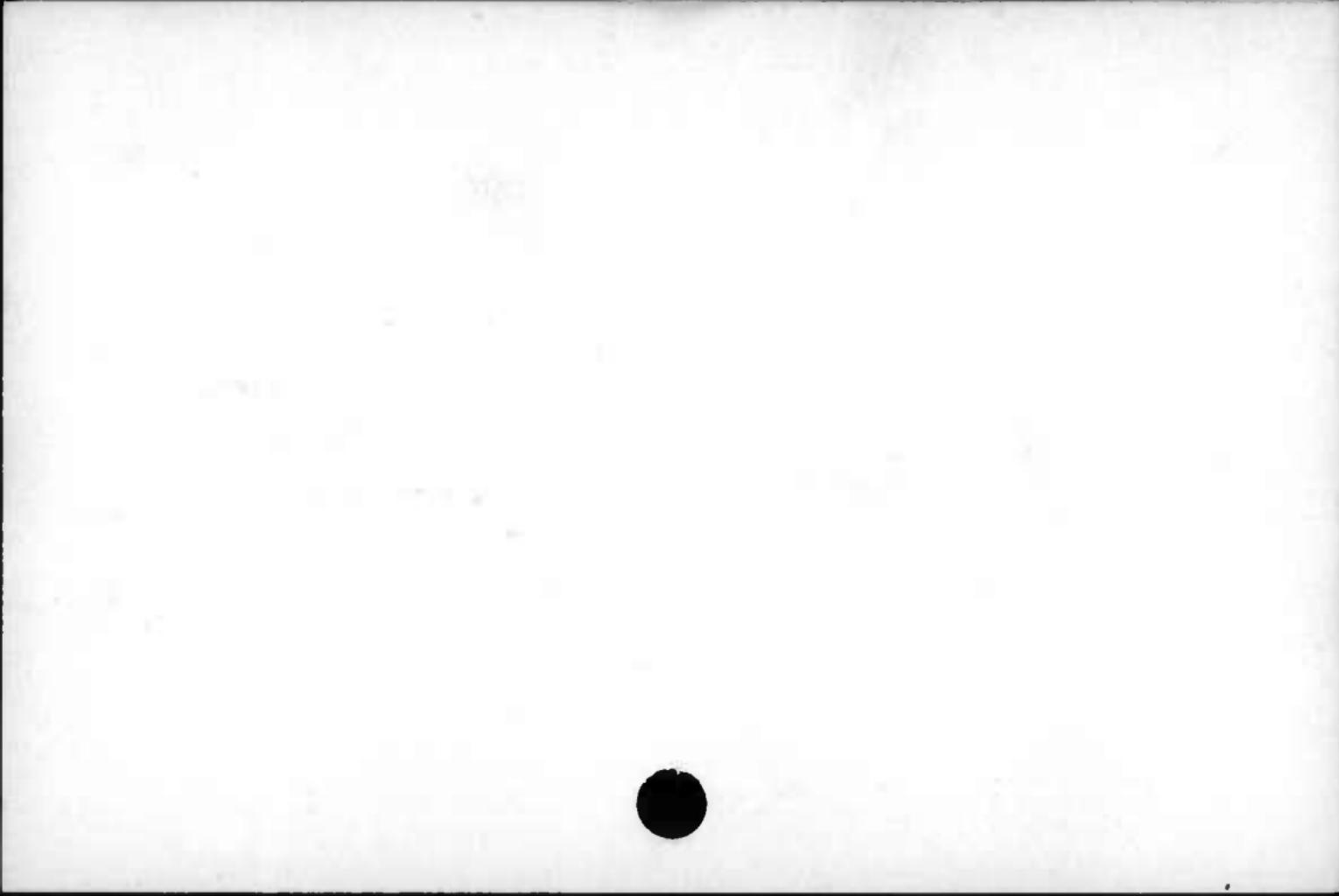
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	3	4	5	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	—				
Father's Name	Samuel Thomas Newcomb					Father's Birthplace
Mother's Maiden Name	Angela Ann Johnson					Mother's Birthplace
Name of person giving information	Samuel J. Newcomb					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Syphoid Fever	①	How long	3 weeks
Immediate	Information of Bowel	6 hours	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. Hobel	
		Address	Preston Md.	
Accident or Suicide?		✓		



Name
in
Full

Dr Alfred Noble

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at **Federalsburg** Town

County **Caroline**

MARYLAND

Date of death **1907** Month **Mar** Day **28**

Age **62** Years

Months **4**

Days

Sex **male**

Color or Race

white

Birthplace

md

Occupation

farmer

Where Residing if not
at place of death

Married, Single
or Widowed

married Name of Wife or
Husband

Hallie noble

Father's
Birthplace

md

Father's
Name

Joshua noble

Mother's
Birthplace

md

Mother's
Maiden Name

unknown

How related
to deceased

wife

Name of person giving
Information

Hallie noble

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

66

How long

3 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

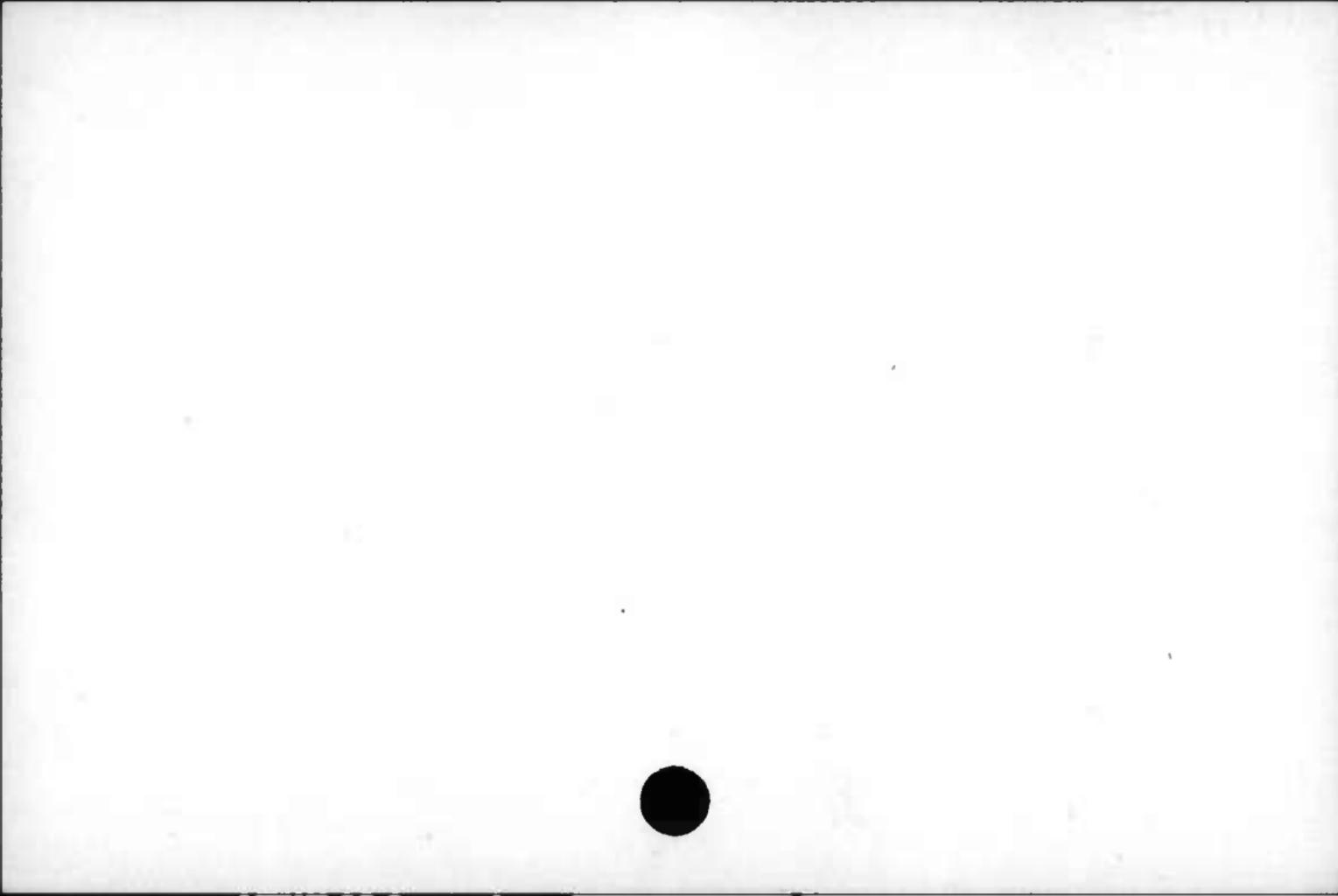
GF Galloway

Address

Federalsburg

md

Accident or Suicide?



Name
in
Full

David Sisp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Kate Andrew		
Father's Name	Father's Birthplace			unknown
Mother's Maiden Name	Mother's Birthplace			unknown
Name of person giving Information	How related to deceased			wife

1907 mar 93 75- 2nd

male white

farmer

married

unknown

unknown

Kate Sisp

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

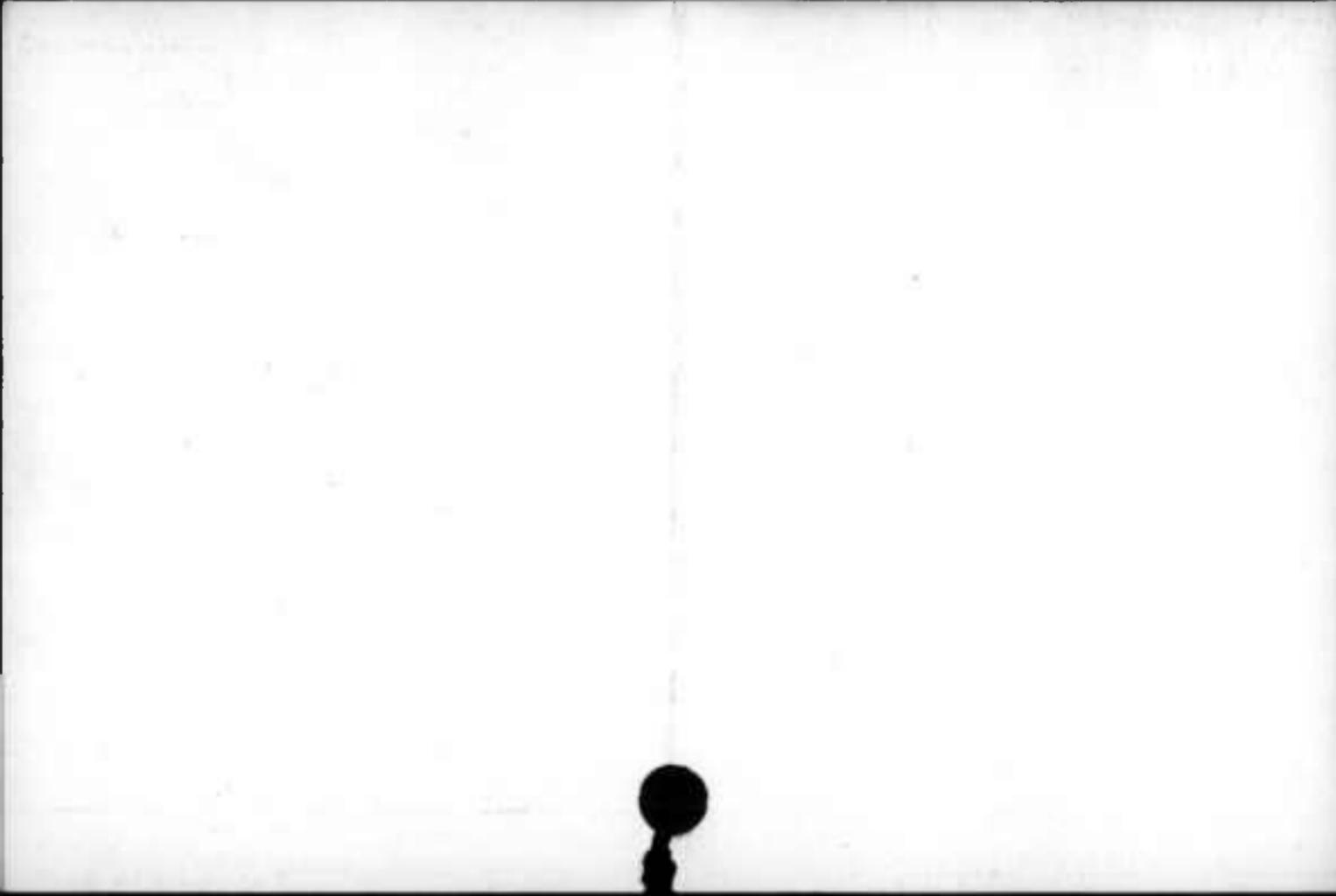
yes

Signature of Physician

Address

R. Kump Jefferson
Hedwardsburg
Md

Accident or Suicide?



Name
in
Full

Emilie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town
Died at Hillsboro

County
Caroline

MARYLAND

Date
of death 1907 Month 3 Day 31

Age 86 Years

Months — Days —

Sex Female

Color or
Race

white

Birth-
place

N. J.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife of
Husband

Richard E. Smith

Father's
Name

Elias Brown

Father's
Birthplace

N. J.

Mother's
Maiden Name

Don't know

Mother's
Birthplace

N. J.

Name of person giving
Information

R. E. Smith

How related
to deceased

Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Endocarditis

79

How long

Several years

Immediate

Heart failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

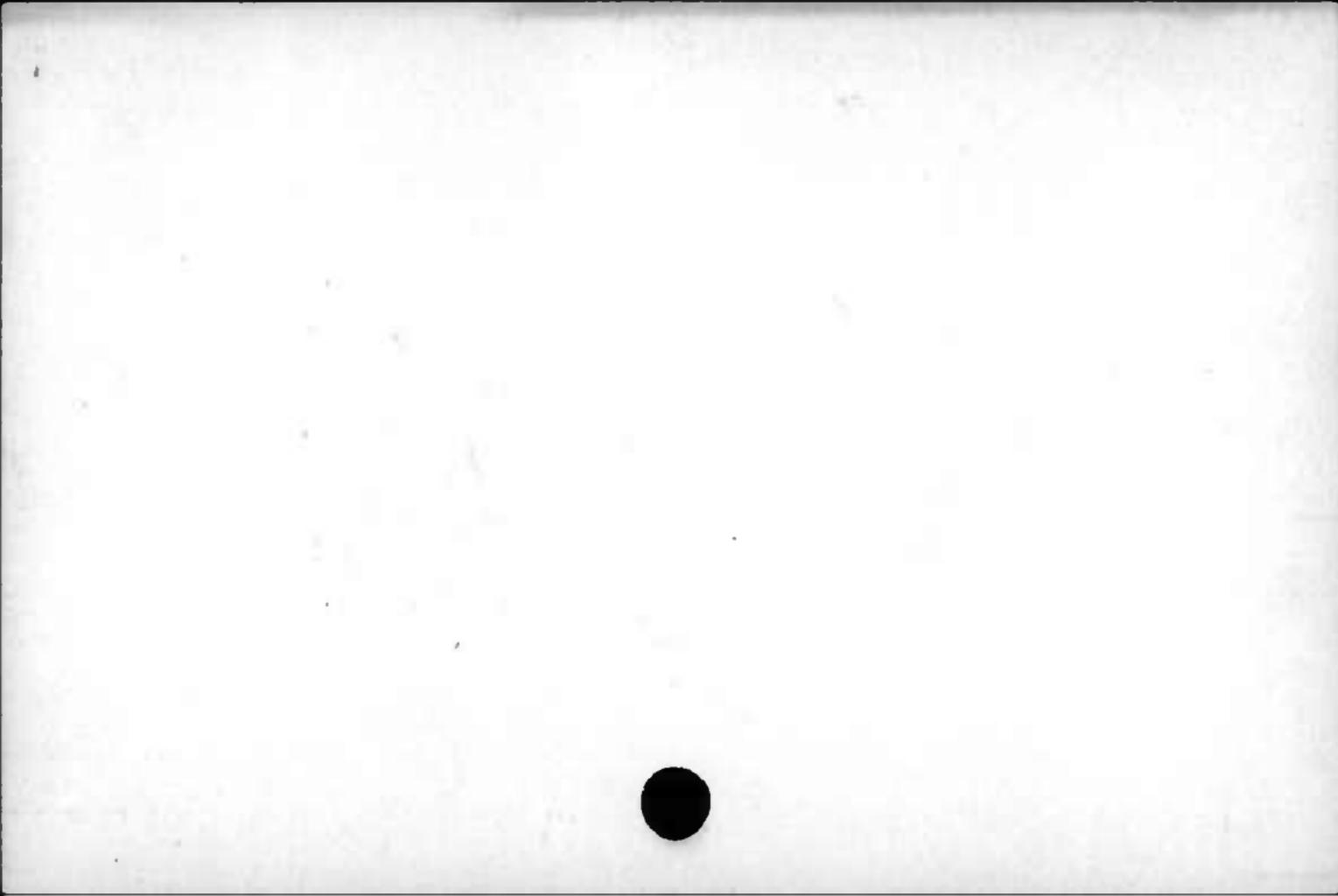
Signature of
Physician

Address

J. W. B. Brown, M.D.

Hillsboro,
Md.

Accident or Suicide?

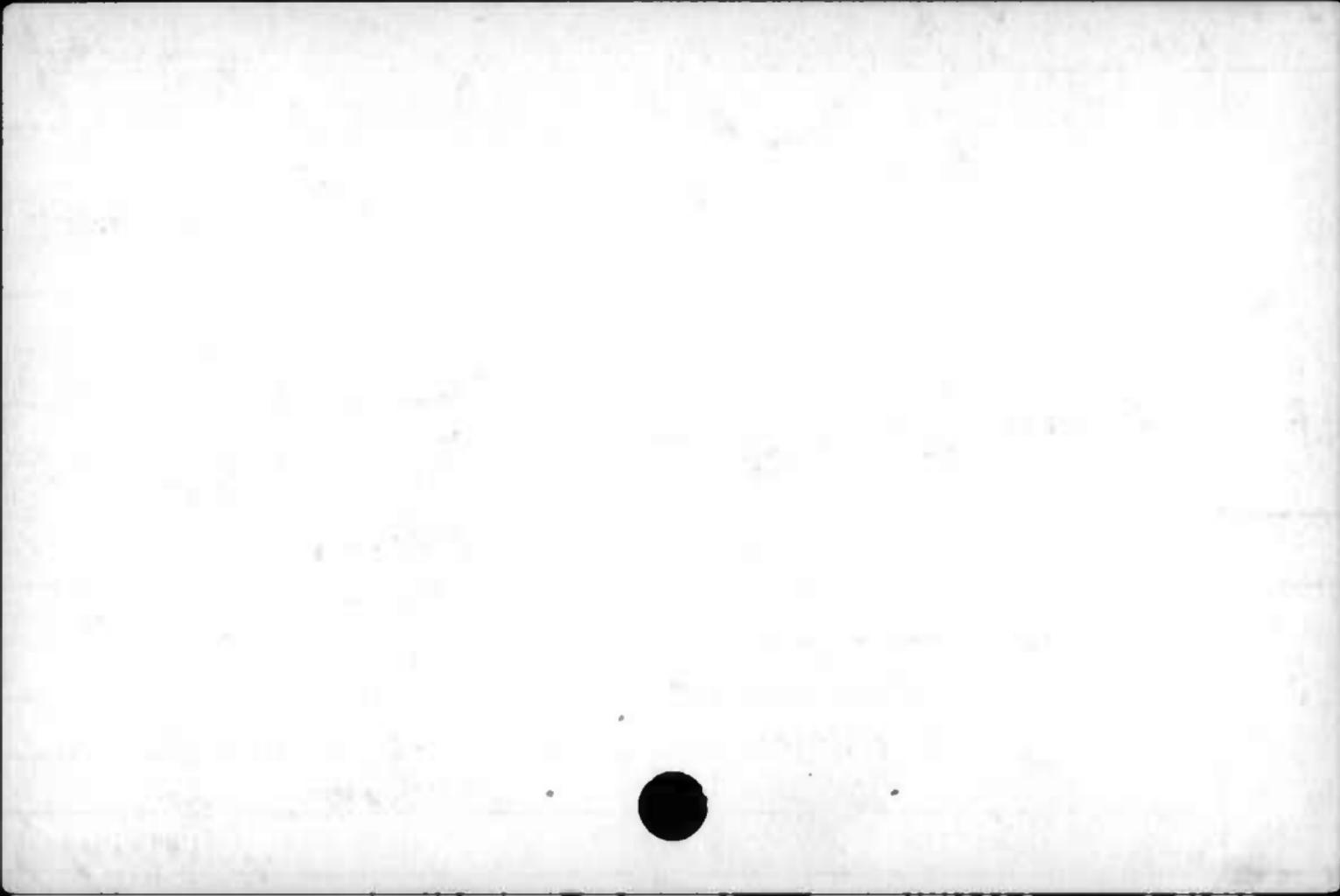


<i>Mary Augusta Stanford</i>					CERTIFICATE OF DEATH	
Died at		Town <i>Two Johns</i>	County <i>Caroline</i>		MARYLAND	
Date of death	Month <i>1907 Mar.</i>	Day <i>3</i>	Age <i>77</i>	Years	Months <i>1</i>	Days <i>26</i>
Sex <i>Female</i>	Color or Race <i>dark</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>At home</i>					
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>William Stanford</i>		Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>	
Mother's Maiden Name <i>Harriet Dowse</i>			Mother's Name <i>Alex. Stanford</i>		Mother's Birthplace <i>Md.</i>	
Name of person giving Information <i>Alex. Stanford</i>						How related to deceased <i>Son</i>

CAUSES OF DEATH

79

Primary <i>Mitral insufficiency</i>	How long <i>4 years</i>
Immediate <i>Exhaustion</i>	How long <i>gradual</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Duffaway</i>
	Address <i>Fairfax Creek</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Chas W Thomas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

303 Brown

1903 March 31 1

Male Colored

Caroline Co Md

None

Single

James Thomas

Ligida Gibbs

James Thomas

Caroline Co Md

Father

CAUSES OF DEATH

93

How long

30 days

How long

10 days

PHYSICIAN
OR CORONER

Primary

Onycomonia

Immediate

Ex hemorrhage

Are the name, age, sex, color, date and place correctly given above?

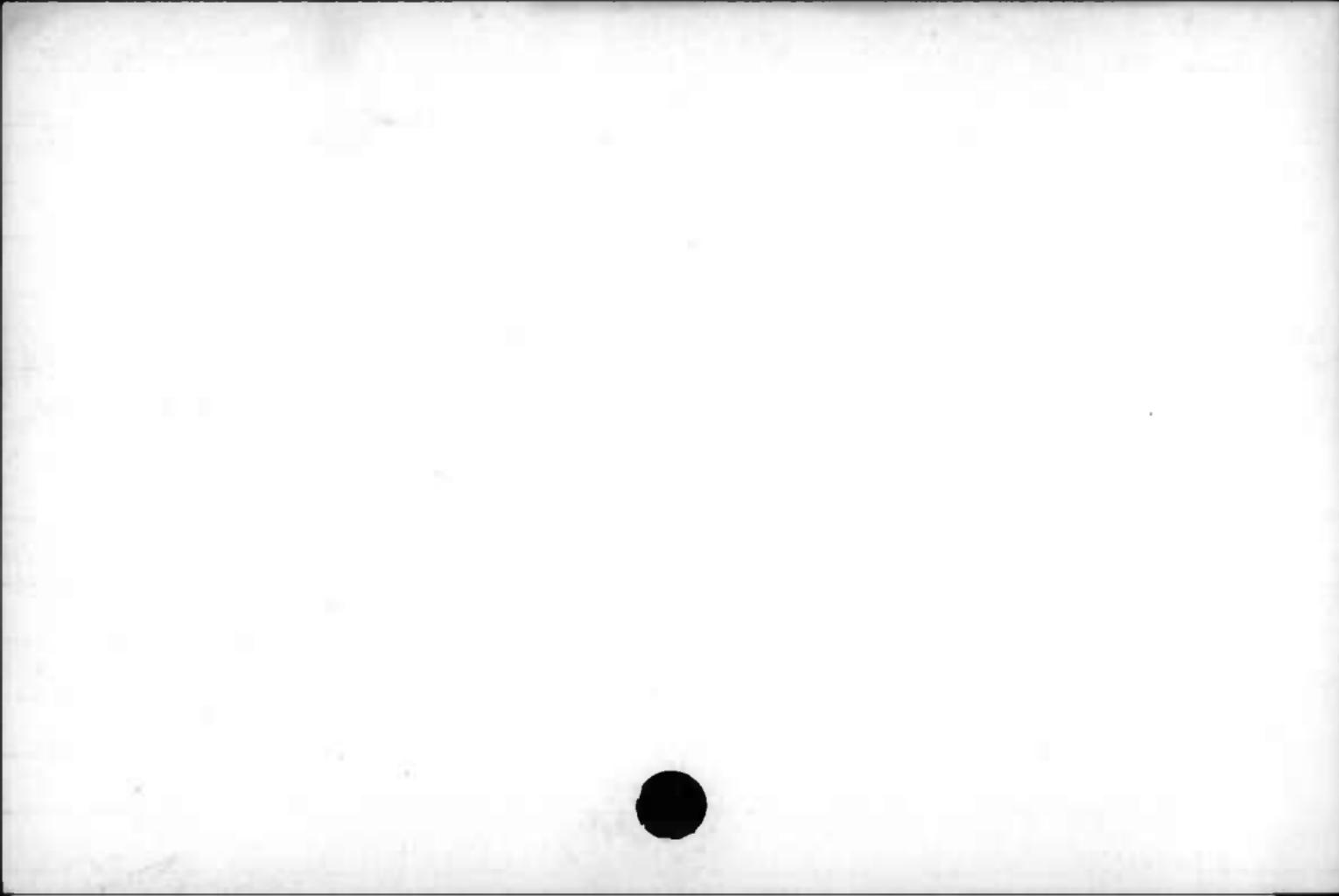
Yes

Signature of Physician

Address

Silver Spring Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brenton</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>8</u>	Day <u>9</u>	Years <u>—</u>	Age <u>—</u>	Months <u>5</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Brenton</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Brenton</u>				
Father's Name <u>Elmer Thomas</u>	Mother's Birthplace <u>Brenton</u>					
Mother's Maiden Name <u>Hannah Wilson</u>	Name of person giving information <u>Ruth Wilson</u>		How related to deceased <u>Daughter</u>			
CAUSES OF DEATH						
Primary	<u>Borders</u> <u>Parammiae</u>			How long <u>1 week</u>		
Immediate <u>Heart Failure</u>				How long		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. M. Nichols

Address

Brenton Md.

Accident or Suicide?

✓

